Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-24-09</u>	Address:	CR 650 S 1 mile E US 41
Case #:	35F29414		Ft Branch, In
County:	Gibson		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	check all that apply)
(check all th	nd: Location (bedroom, kitchen, open air apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: Field leactive Metal (Lithium): ous Ammonia: nloric Acid Gas Generator(s): ve Acid: Field ve Base: tem and location):	r, etc)	
☐ Yes ☑ No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrin☐ Retail/Mo ☐ Cother:Pu	
Health Depa Child Protect For further	ment: <u>Johnson Twp</u> artment: <u>Gibson County</u> ction Service: <u>N/A</u> information regarding this methamph g Officer: <u>Doug Hum</u> phrey Phor	Fax: <u>812-7</u> Fax: <u>812-3</u> Fax: etamine laboratory, ea	<u>86-8027</u> -

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.